

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17285

FILED JUN 15 1944

Primary Registration District No. 4016

Registrar's No. 17

1. PLACE OF DEATH

- (a) County Atchison
(b) City or town Jarkis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution. (Specify whether
In this community 40 yrs years, months or days)

3. (a) PRINT
FULL NAMECatherine E. Low

3. (b) If veteran, name war. ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife PR Low 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March 30 1870
(Month) (Day) (Year)

8. AGE: Years 74 Months - Days 28 If less than one day h min.

9. Birthplace Cassel Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Bernard Kleopfel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant PR Low
(b) Address Jarkis Mo.

17. (a) Burial (b) Date thereof 4/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jarkis Mo. Cemetery

18. (a) Signature of funeral director Wm. J. Cunningham
(b) Address Jarkis Mo.

19. (a) May 8 1944 (b) Wm. J. Cunningham
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Atchison
(c) City or town Jarkis
(If outside city or town limits, write "RURAL") 2
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1944 hour 7 minute 35 a.m.

21. I hereby certify that I attended the deceased from Sept. 1 - 4
1944, 1944, to Apr. 28, 1944.
that I last saw her alive on Apr. 28, 1944,
and that death occurred on the date and hour stated above.

- Immediate cause of death Cerebral Hemorrhage
arterio sclerosis
Due to arterio sclerosis

- Due to none
Other conditions (Include pregnancy within 3 months of death) 82a

- Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

- While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. W. Vaughn (M. D. or other)
Address Jarkis, Mo. Date signed 4-29-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 2 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.